UIA 1924 (Rev. 12-05)



## State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY



Authorized by MCL 421.1, et seq. Completion of this form may be required for benefit entitlement.

## **Unemployed Worker's Record of Work Search**

Name:	Social Security Number:
Jse this form to record each employer you contacted during each week you are claiming une	employment benefits. Although this information is not requested when claiming each week
our claim may be audited and you may be asked at any time to provide a detailed record of	your work search efforts. If you cannot provide this information, you may be penalized and
save to pay healt the handite as well as demages of double or four times the amount receive	and through froud. Keen this record up to date. If you have questions regarding this form

have to pay back the benefits as well as damages of double or four times the amount received through fraud. Keep this record up-to-date. If you have questions regarding this form, contact our Claimant Customer Relations toll-free 1-800-638-3995 (TTY customers use 1-866-366-0004), or call our Inquiry Line at 1-866-500-0017. Please visit our website at www.michigan.gov/uia.

DATE OF CONTACT	NAMEOFEMPLOYER	EMPLOYER'S ADDRESS	NAMEANDTITLE OFPERSON CONTACTED	METHODOF CONTACT (in person, phone, resume, other)	TYPEOF WORK APPLIEDFOR	WASYOUR APPLICATION TAKEN? <u>Yes</u> or <u>No</u>	RESULT
<u>Sample:</u> July 12, 2004	ACMETool Supply Co.	7040 Howard, Detroit 49222	Mr. John Doe, Personnel Mgr.	In Person	Toolmaker	Yes	Not Hiring

DATEOF CONTACT	NAMEOFEMPLOYER	EMPLOYER'SADDRESS	NAMEANDTITLE OFPERSON CONTACTED	METHODOF CONTACT (in person, phone, resume, other)	TYPEOF WORK APPLIEDFOR	WASYOUR APPLICATION TAKEN? Yes or No	RESULT
		on Equal Opportunity Employer and as					